#### **EATING DISORDERS**

Anorexia Nervosa
Bulimia Nervosa
Obesity

# **Learning Objectives**

- Define anorexia, bulimia, and obesity.
- Describe the characteristics, patient profile, subtypes, signs and symptoms, lab findings, course and treatment of anorexia and bulimia.

# **Learning Objectives**

- Describe the patient profile and health problems caused by obesity.
- Describe diagnostic procedures, lab findings, treatment options, and issues related to obesity.

### **Eating Disorders**

- Anorexia Nervosa
- Bulimia Nervosa
- Obesity

# **Eating Disorders**

Recognized since 9<sup>th</sup> century



Refusal to maintain weight

Afraid of gaining weight

Significantly disturbed body perception

- Profile
  - Found frequently in preand post-puberty



- Affects females more than males
- Possible media influence
- At risk professions: athletics, acting, dancing, modeling
- Disease of developed countries

Subtypes



Restricting Type

• Binge-Eating/Purging Type



- Medical condition
  - Signs & symptoms
    - Many attributable to starvation
    - Post menarche-Amenorrheacommon
    - Prepubertal-delay of menarche

- Medical condition
  - Other Signs & symptoms



 Constipation, abdominal pain, cold intolerance, lethargy, emaciation, bradycardia, peripheral edema, hypercarotemia, hypertrophy of salivary glands, dental enamel erosion, scars or calluses on the dorsum of the hand

- Semi-starvation can affect most major organ systems, produces disturbances
- Lab Findings
  - Leukopenia, mild anemia, elevated BUN indicates dehydration, LFTs may be elevated, hypercholesterolemia

- Situations/Other Lab findings
  - Induced vomiting may lead to metabolic alkalosis, hypochloremia, hypokalemia
  - Laxative abuse may cause metabolic acidosis
  - Abnormal thyroid function
  - Females < estrogen; Males < testosterone</li>

- Situations/Lab findings
  - EKG shows sinus bradycardia
  - EEG shows metabolic encephalopathy
  - Brain imaging indicated increase in ventricular-brain ratio

- Rare after age 40
- Course
  - Calcium loss can lead to bone fractures
  - Starvation affects vital organs
  - Anorexia has highest psychiatric illness mortality (6%)





- Differential diagnosis
  - Consider other weight loss illnesses: Crohn's disease
  - Mental disorder: depression
  - Patients with mental disorder do not exhibit preoccupation with food

- Treatment
  - Nutritional rehabilitation
  - Weight restoration
  - Cognitive-behavioral therapy, family therapy





- Diagnosed in 1980s
- Characterized by binge-eating episodes, then inappropriate weight control
- Types of inappropriate weight control methods
  - Fasting, Enemas
  - Laxatives, Diuretics
  - Compulsive exercising

- Binge
  - Episode in which person eats larger amount of food than normal
  - Not a response to hunger
  - Usually response to depression, stress, self-esteem issue

- Binge Episode
  - Loss of control
  - Then short-lived calmness
  - Possible self-loathing
  - Cycle is obsessive, repeated
  - Consumption of comfort foods > 2/day





- Profile
  - Affects1-3% young women
  - More common in women than men



- Present in industrialized countries
- High achievers

- Profile
  - Presentation
    - Anglos
    - Normal weight range
    - Increased frequency of depressive symptoms, mood and anxiety disorders
    - Prevalence of substance abuse, dependence (alcohol/stimulants) 30%





- Lab Studies: Electrolytes, metabolism show abnormalities from purging, various degrees of starvation
- Diagnosis
  - Rule out other medical and mental disorders
  - Check participation in inappropriate compensatory behavior, overconcern with body shape/weight

Subtypes

Purging Type

Non-purging type

- Treatment
  - Medication
    - Antidepressants: SSRIs, generics Imipramine, Despiramine, Trazadone, and MAOIs



- Treatment
  - Clinical intervention
    - Psychiatric evaluation for comorbid conditions
    - May be on outpatient basis
    - Individual cognitive-behavioral group and family therapy
    - Possible hospitalization

Leading causes of death in the U.S. in 1990 & 2000:

- 1.Tobacco
- 2. ??
- 3. Alcohol consumption
- 4. Microbial agents
- 5. Toxic agents

- 6. Motor vehicles
- 7. Firearms
- 8. Sexual behavior
- 9. Illicit drug use



- # 2 cause of death is poor diet and physical inactivity (16.6%)
- 1998 NIH report: >50% U.S. adults overweight/obese





- Standards
  - BMI: measure of body fat based on height/weight
    - Disadvantages of BMI as standard
      - May overestimate body fat in athletes/those with muscular build
      - May underestimate body fat in older person/those with depleted muscle mass

- BMI Categories
  - **Underweight** = <18.5
  - Normal weight = 18.5-24.9
  - Overweight = 25-29.9
  - Obesity = BMI of 30 or greater

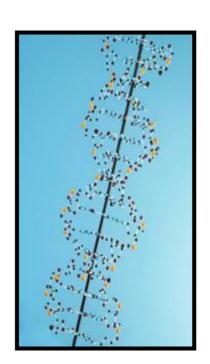
- Standards
  - Weight tables
    - Women-5 feet = 100 lbs; add 5 lbs for each additional inch, +/-5%-10%
    - Men-5 feet = 106 lbs; add 5 lbs for each additional inch, +/-5%-10%

Weight factors: genetics, environment,

behavioral, psychological

 Definition of weight gain: Intake of calories exceeds calories expended





 60% U.S. meals consumed outside home. These meals significantly higher in fat, calories, are served in larger portions, lower in fruits, vegetables, grains





- Risks to children
  - School lunch nutritional standards do not apply to vending machines
  - 80% U.S. children consume
     3 sodas/day
  - Decline in physical activity
  - Time watching TV: 3 hr/day
- Need early intervention



- Risks to adults
  - Inactivity due to sedentary entertainment, job, time at computer, lack of exercise





- Costs
  - \$75 billion in 2003
  - Half costs paid by Medicare/Medicaid



# **Obesity-Related Health Problems**

Diabetes

Heart disease

Sleep apnea

Hypertension

Osteoarthritis

Cancer

DVT

**ESRD** 

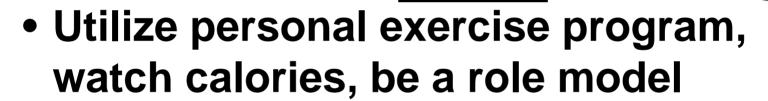
### Obesity-Other Related Health Problems

- Impaired respiratory function
- Wound infection following surgery
- Infertility
- Liver disease
- Low back pain, Birth defects
- Chronic venous insufficiency
- Daytime sleepiness
- Gall bladder disease, gout, stroke

Recommendations for the HCP

Counsel patients

Be informed



Screen patients using BMI/weight tables

Provide resources

- Lab Studies
  - Check cardiovascular disorders, hypertension, hypercholesterolemia, diabetes, osteoarthritis, others
  - Check for depression/anxiety

Diets

Exercise

Behavioral counseling

Pharmacotherapy

Bariatric surgery

 Diets: restrictive/variety/support groups

Exercise

Behavioral counseling

- Pharmacotherapy
  - Modestly effective
  - Amphetamines increase norepinephrine
  - Some drugs prevent macronutrient absorption
    - Xenical® inhibits fat absorption
    - Prescription meds are controlled substances except Orlistat [generic]
    - Use caution

- Bariatric surgery: Gastric bypass, stomach transection/stapling
  - Determine degree of obesity
  - Comorbidities
  - Goal to allow patient to make healthy lifestyle changes

# **Treatment Options (cont')**

- Follow-on considerations
  - Patient determination, education

- Issues
  - Health maintenance

### **Summary**

- Definitions of anorexia, bulimia, and obesity
- Characteristics, patient profile, subtypes, signs and symptoms, lab findings, course and treatment of anorexia and bulimia

### **Summary**

- Patient profile and health problems caused by obesity
- Diagnostic procedures, lab findings, treatment options, and issues related to obesity